

ABN



Alabama Board of Nursing

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Spring 1999

NEWSLETTER

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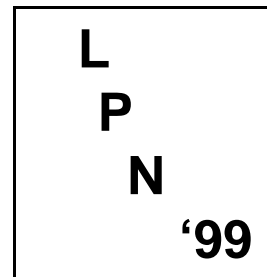
Licensed Practical Nurse Renewal

In order to practice as a practical nurse in Alabama in 2000-2001 without being in violation of the Alabama Nurse Practice Act, all Licensed Practical Nurses must actively renew their LPN licenses. A license renewal application will be mailed to each currently renewed licensee in September 1999 to the last known address on file in the Board office. Failure to receive a renewal application does not relieve the licensee of the responsibility of license renewal. It is the licensee's responsibility to assure that their license is renewed. Licensees are advised to respond promptly to their renewal notice to avoid delay. In order to guarantee that the license is received by December 31, 1999, the renewal applica-

tion must be received in the Board office by November 20, 1999. Incomplete applications will be returned and will delay the renewal process. The Board must physically receive the original application and fees; therefore, no copies or faxes of applications are acceptable.

To facilitate your LPN renewal, you should:

- **Respond promptly.**
- **Complete the application.** Answer all questions regarding CE and Regulation, sign the application, and include the correct fee in the correct manner of payment (No personal checks).
- **Contact the Board if you have not received an application by October 15,**



1999. You may contact the Board by telephone, written request, fax, or e-mail for a duplicate application. Include your name, license number, social security number and current mailing address.

Remaining 1999 Board Meeting Dates

July 13-15

September 22-24

November 17-19

Persons wishing to have items placed on the agenda should notify the Board at least two weeks prior to the meeting. Board meetings are open to the public except those portions conducted in Executive Session. Meeting schedules are subject to change based upon progress with the Agenda. Persons planning to attend should contact the Executive Office at (334) 242-4184.

CE Requirements for LPN Renewal

One of the six (6) eligibility requirements for renewal to practice as a LPN in Alabama is accrual of continuing education contact hours.

All LPNs are required to have 24 contact hours of Board approved/accepted continuing education to renew active. Exception: Nurses renewing for the first time following graduation and endorsees licensed after April 1, 1999. Endorsees licensed from September 1, 1997 – March 31, 1999 have a “prorated” requirement for CE hours.

Twenty-four (24) contact hours must be accrued with no more than 8 of the required contact hours received through independent study. Hours must be accrued between October 1, 1997 and September 30, 1999. All course offerings must be approved/accepted by the Alabama Board of Nursing. See our web site for a listing of providers in your area (www.abn.state.al.us).

Individual CE Course Approval to be Discontinued

Effective April 1, 1999 reviews for approval of individual courses for continuing education will be discontinued. Individual nurses or agencies wishing to have courses approved on an individual basis may submit the courses to a Board approved provider for review, if the provider has elected to assume that role.

Plastic License Cards

Burgundy and white plastic license cards identify Alabama nurses. Since January 1, 1999 all new RN and LPN licensees by endorsement and examination received the plastic cards. In addition, these cards

were issued to RNs who renewed for the 1999-2000 renewal year. LPNs who renew in 1999 will receive the new cards.

These cards are to be used as identification for current licensure. The nurses' name; type of license; license

status, i.e. active, probation, inactive; and effective dates are printed on the card. Employees should physically view these plastic cards and identify the card holder. Copies should never be accepted.

The Board Studies Continued Competence

The Board of Nursing is obligated to “Adopt standards for registered and practical nursing practice and for continued competency of licensees...” (Code of Alabama 1975, §34-21-2 (21)). This legally authorized function has been addressed throughout the history of the Board. Initially, actions were taken to assure competence of nurses on entry into practice. While this action has continued as a major effort, the Board has expanded its interest to assure competence as related to reentry and continued approval to practice.

In the mid 1980's the Board explored, through a special task force, the potential to implement a competency model for license renewal. The model was shelved to accommodate the current legislatively initiated mandatory continuing education (CE) program. This program is now being evaluated. Challenges against the effectiveness of continuing education models as a means of assuring competence have merged

with other national concerns about competent practice, competency of practitioners and the role of regulatory agencies in assuring public protection. Additionally, the numbers of cases submitted to the Board of Nursing that involve perceived incompetence in practice have increased considerably over the past decade. The Board has consequently revitalized its task force into a committee on continued competence and continuing education, and is assessing the potential of implementing a comprehensive model for measuring competence for license renewal. The Committee has since , conducted a number of activities such as the development of a white paper supporting the need for study of issues related to competence. A four-phase re-

search project has subsequently evolved to obtain input from consumers, licensees, organizations and educators regarding their perceptions of competence in nursing practice. Findings from the research will



be utilized in determining a forward direction regarding accountability of licensees for practice and the Board's accountability for public protection. The first phase of the research is focused on the consumer and will be completed by June of 1999. Findings to date indicate that today's consumers are very specific in designating essentials of competent nurses, and factors needed to assure that nurses remain competent once they have been approved to enter practice.

PLEASE POST

LPN Renewal

October 1, 1999 – December 31, 1999

**Contact the Board Office if you have not received an application by
October 15, 1999.**

**You may contact the Board Office by telephone, written request, fax, or email
for a duplicate application. Include your name, license number, social security
number and current mailing address. Failure to receive a renewal application
does not relieve the licensee of responsibility of license renewal.**

**If you are selected for the CE audit, you must respond
before November 1, 1999.**

Incomplete applications will be returned.

**Name changes require copies of legal documents
that reflect name change.**

**Contact the Board Office if you do not receive your new license
wallet card four weeks after submitting your renewal application.**

**Acceptable methods of payment are:
Cashier's check and money order
(Sorry, no personal checks.)**

**Mailing address:
Alabama Board of Nursing
P.O. Box 303900
Montgomery, AL 36130-3900**

**E-mail: abn@abn.state.al.us
subject – License renewal
Web site: www.abn.state.al.us**

**Street address:
Alabama Board of Nursing
770 Washington Avenue**

**Telephone: (334)242-4060
Fax: (334)242-4360
Verification: (334)242-0767**

CE Audit for LPN Renewal

Who is audited for CE compliance? LPNs who are selected in a random sample of currently renewed LPNs along with LPNs who have received previous communication from the Board about CE violations will be audited during renewal.

What does the audit require? LPNs who are selected for CE audit must provide copies of documents

that validate compliance with continuing education requirements for license renewal.

When are the documents due back to the Board? LPNs responding to the audit have **thirty (30) days** to provide copies of their continuing education certificates to the Board. Individuals who are audited must respond **before** the usual deadline of November 20, 1999. Individuals responding late

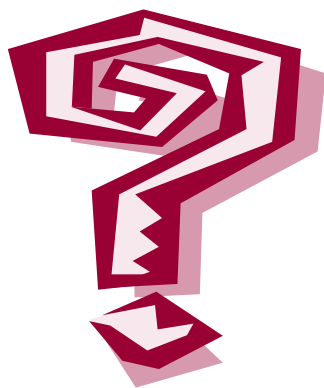
are assessed an additional late fee (\$100, \$200, or \$300).

How do I know if I have been selected? The envelope with your renewal application will be stamped "Open Immediately, CE Audit & License Renewal" and your application will indicate CE Audit.

Regulatory Questions

Why does the Board ask all of those questions in the "Regulation" section every renewal?

Two requirements for consideration of renewal are that licensees are to report (1) arrests or convictions since the last renewal and (2) disciplinary action taken against their license in another state. These acts which caused the arrest/conviction/disciplinary action may be in violation of the Alabama Nurse Practice Act. To uphold its duty to the public of Alabama, the Board must review the documents provided and act accordingly to Alabama Board of Nursing Administrative Code 610-X-8.



Failure to report or falsifying the application is grounds for disciplinary action. All applications and situations are reviewed individually according to rules and guidelines set forth by the Alabama Board of Nursing. Any person who fails to comply with the reporting requirements will not receive a renewed license.

Who needs to send information? Any licensee that answers "yes" to

any of the regulatory questions that appear on the application.

What needs to be provided to the Board? The licensee must submit a detailed explanation along with all pertinent records (court records and/or records from another board of nursing) with the renewal application. **When must the information be provided?** This information must be provided with the renewal application for determination of eligibility for license renewal. If the information has previously been submitted to the Board, please indicate that such is the case and when such disclosure occurred.

Inactive Renewal

What is "inactive renewal"?

Nurses can renew inactive if they (1) do not have their twenty-four (24) continuing education contact hours, or (2) do not plan on working as a nurse.

If I am inactive now, how do I renew active?

When you receive your 2000-2001 renewal application, send the active renewal fee (\$60) and copies of your twenty-four (24) continuing education contact hours you've received within the past 24 months.

What do I receive when I renew inactive?

You receive a license card with your name, license number, type of license (RN or LPN) with "Inactive" on your card. You will additionally be sent copies of the ABN Newsletter at your last known address.

Do I have to work as a nurse to remain active?

No, the Alabama Board of Nursing rules do not require active practice to maintain an active license. To retain an active license, you must acquire twenty-four (24) continuing education contact hours in the accrual period and submit a renewal application in a timely manner.

If I go inactive during renewal, how long will it take for my license to be renewed active?

Applications to reactivate an inactive license will not be mailed out until after January 10, 2000. Upon the Board's receipt of the completed application, fees, inactive license card, and evidence of twenty-four (24) continuing education contact hours, your license will be issued within 10 working days.

TWO RN VACANCIES ON THE BOARD OF NURSING

This year there will be two RN vacancies on the Board. Nominees are to be selected from the area of nursing education if possible. In subsequent years, vacancies will occur in the areas of practice, advanced practice and administration. Those individuals who are interested in applying for Board membership can obtain application information from the Alabama State Nurses Association (ASNA) office at 1-334-262-8321.

The criteria for Board membership as specified in the Alabama Nurse Practice Act are as follows:

- Be a citizen of the United States
- Be a resident of the State of Alabama
- Be a graduate of a state-approved educational program for the preparation of practitioners of professional nursing
- Be a currently licensed professional nurse in Alabama
- Have a minimum of five years successful nursing experience in an administrative, teaching, clinical capacity or advanced practice and
- Be actively engaged in professional nursing in this state immediately preceding and during the appointment.

It is necessary that all applicants for Board membership meet each of these requirements. Those not meeting all requirements will not be considered for the selection process.

The Board of Nursing Nominating Committee conducts the interview process and selects those individuals whose names will be sent to the Governor for appointment. It is also important to note that while the Board meetings usually occur every other month for a period of three days, there are also many other meetings and events which require Board member attendance. Interested applicants should be certain to apprise the appropriate people at the employing agency of this time requirement. The law also allows for monetary compensation for time spent on Board business for members, in addition to travel and per diem, based on the approved state amount.

All interested RNs should contact the ASNA office for application information as soon as possible.

RN License Requirements in Advanced Practice

- Active RN licensure is required to MAINTAIN approval for advanced practice. The Alabama RN 1999-2000 renewal card displays the approved advanced practice category: CRNA, CRNP, CNM® or CNS.
- CRNPs and CNM in collaborative practice with prescriptive privileges should have the 4-digit prescriptive authority number on their 1999-2000 renewal card.
- CRNP / CNM must notify the Board of Nursing when practice with the collaborative physician is terminated.
- Practicing as a CRNP or CNM without approval for the collaborative practice from the Joint Committee for Advanced Practice Nursing of the Alabama Board of Nursing and the Alabama Board of Medical Examiners is a violation of the Nurse Practice Act. Violations are subject to disciplinary action by the Board of Nursing.
- CRNPs and CNM who are not in collaborative practice may have "title use" recognition. The renewal card does not display the category CRNP or CNM .



Can CRNPs and CNM®s write prescriptions? YES

- CRNPs and CNM®s in an approved collaborative practice with a physician or osteopath may prescribe legend drugs within the limits of the approved practice protocol.
- CRNPs and CNMs are not authorized to prescribe Controlled Drugs, Schedule 1 through 5 (C-I to C-V)
- Prescription forms for CRNP or CNM must include:
 1. Collaborating physician's name, phone number and practice site address.
 2. CRNP or CNM name, phone number and practice site address.
 3. The 4-digit prescriptive number.
 4. Options for "Product Selection Permitted" and "Dispense as Written".
- RNs and LPNs are authorized to administer any legend drug lawfully prescribed by an authorized practitioner including Certified Registered nurse Practitioners (CRNP), Certified Nurse Midwives (CNM) and/or Physician Assistants and Surgeon Assistants (PA or SA). (Nurse Practice Act, §34-21-86)
- CRNPs and CNMs may enter verbal admission orders for inpatients as directed by the physician. Inpatient orders must be countersigned by the physician as specified in facility by-laws.
- A copy of the approved protocol for the CRNP or CNM shall be maintained at each practice site. In many facilities the protocol is on file in Administration or the Medical Staff Office.
- CRNPs and CNMs may accept and record verbal orders from the collaborating physician for Controlled Drugs. This is no different than an RN or LPN accepting a verbal order.

DISCIPLINARY ACTIONS

The Board of Nursing has taken action against the following licensed nurses for violation of the laws and/or rules of the nursing profession at the January and March 1999 meetings. This listing may not reflect changes occurring near or following the publication date, pending appeals or requests for rehearing. Every effort is made to ensure the accuracy of this information. Licensure verification can be made by calling our verification line at (334) 242-0767, or through the board Office.

Application Denied

Bynum, Pamela Ann	LPN Exam App
Frazier, Wanda Lynette	LPN Exam App
Lockhart, Jr., Charles Ronnie	LPN Exam App

Reinstatement Denied

Amos, Kimberly Denise	1-058769
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Reinstatement with probation

Palmer, Donna Kay Mitchell Dunham	2-030476
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Probation

Ballard, Laryssa Twynette Ross	LPN Exam App
Beachler, Emilyn Greer	2-037742
Bolt, Brenda Renea McMurray	1-039826
Brown, Annie Lee Smith	1-070857
Collins, Margaret Ruth G.	1-055415
Cunningham, Annie Theresia	1-068258;
	2-027544
Fillmore, Yulanda Romona Wilkerson	2-041902
Ford, Laura Elaine	1-060635
Gibson, Glen Daniel	2-038560
Griffin, Annissa Lynn Hurst	2-047665
Hall, Mary Virginia Elliott	1-064116
Hansen, Frances Elizabeth	1-074307
Haynes, Stephen Paul	LPN Exam App
Haywood, Verlinda Germaine	2-040009
Hill, Daryl Wayne	1-074119
Hocutt, Carol Jane	1-067560
Hopson, Shonna Kay C.	1-061099
Key, Tina Renee'	2-030569
Lee, Teresa Jean Donovan	1-036683
McCartha, Ashley Judson	1-088473
McCormack, Kerry Miranda	2-044965
Michael, Kimberly Suzanne	2-035565
Mizelle, John Paul	RN Exam App
Moody, Kathleen	1-044968
O'Connor, Vanessa Deanne	LPN Exam App
Odom, Mitchell Gray	1-085294
Oncale, Patrick Gerald	RN Endo App
Payne, Gwendolyn Lorraine	2-043380
Perez, Ella Elizabeth	2-028911
Porter, Jimmy Dean	1-067059
Sharp, Anna Marie Scott	1-069051
Smith, Robin Michelle	2-040054
St. Lawrence, Rhonda Kay	2-020668
Stanford, Christy Lynn Dozier	1-087259
Stewart, Mary Darlene	2-045146
Stough, Miriam Jo Barrentine	1-045886
Weldon, Anita Gail Williamson	1-035561
White, Christopher Paul	2-035743
White, Vivian Tolbert	1-068684
Whitten, Linda Sue	2-037737
Williams, Catherine Elanie	2-041986
Wills, Elizabeth Susan Dockery	1-052848

Revocation

Burgess, Lawson Edward	2-023490
Colley, Darlene Mae Miller	1-046443
Hill, Anne Katholeen	1-069780
Howard, Edward Lee	1-034296
Purvis, Randi Gene Donaldson	1-055984
Speegle, Michael Clinton	2-033726
Wood, Patsy Dean	2-035760

Suspension

Campbell, Jr., Ray Charles	1-028603
Davis, Felisha Dawn	1-078744
Robinson, Roosevelt	2-037351

Suspension/Probation

Brown, Charles	2-028767
Coffman, Faith Elizabeth	2-031012
Howard, Pamela Ann Eason	1-049769
Johanns, Regina Elene Tackett	2-046684
Haas, Patricia L. Davis	1-021835

Voluntary Surrenders for Revocation

Abernathy, Rebecca Clark	1-073495
Akin, Martha F. Dunn	2-014204
Behr, Laura Diane Minor	1-055184
Bittlebrun, Mindy Lynn	2-042679
Bulger, Cheryl Renee	2-046590
Callahan, Sheila Lisa	2-034023
Cloud, Jimmie Katheryn	1-061119;
	2-025170
Clouse, Robin Leighnay	2-036034
Fordham, Deborah Ann Bolds	1-039808
Fugate, Susan Diane	2-045245
Garrett, Stewart Glenn	1-046043
Hardy, Patsy Gwen	2-045596
Hearn, Joan M. Bell	1-014827
Holmes, Vanessa B.	1-047152;
	2-020615

Jemison, Connie	2-046316
Jones, Kathie Jane	1-043690
Kowalski, Rexanna Sally	2-033073
Lolley, Victoria Lynn	1-055698
McGillvray, Tina Louise Burnham	2-025842
Morrow, Sonia Kay	2-043660
Powell, Cornelius Diann Durant	2-037881
Raiola, Patricia A.	2-035267
Rembert, Shawntell Antonette	2-038314
Rudolph, Jane M. Gunselman	1-023958
Thongrivong, Phoupasith	2-040988

Public Reprimand and/or

Administrative Fine

Eagerton, Amy Lee Calloway	1-052072
Johnson, Kevin Eugene	2-044879
Meredith, Janet Leigh	2-039556;
	RN Exam App
Morris, Mary Elizabeth	2-037035
Murphy, Cherilla Delores	1-057213
Scott, Constance Rachel Hudgins	LPN Exam App
Windle, Maria Jeanine	RN Exam App
Worthington, Jr., Jack Emory	1-082237

Board Actions

The following is a summary of major actions taken by the Board at the January 20-22 and March 17-19, 1999 Board meetings:

- Acted upon recommendations from Board Task Forces and Committees on Continued Competence/Continuing Education, Board History, Strategic Planning & Policy, Budget, Education, Nursing Practice/Discipline, Scholarship, and Search for Executive Officer.
- Granted continued full approval to the Ira D. Pruitt, Division of Nursing at University of West Alabama.
- Reviewed staff reports from the Interim Executive Officer, Legal Counsel, Chief Fiscal Officer, ANNA Program, Probation/Monitoring, and Administrative Services Officer.
- Planned and initiated Summit to exchange information to enhance the Board's planning and decision making within the context of health, safety and welfare of the public.
- Approved for final adoption Chapter 610-X-4-.16-Fees.
- Approved proposed amendments to Chapter 610-X-4-.18-Annual Report of Employing Agencies.

HELP!


**The
NCLEX® examination
depends on you!**

Get Involved

To access the item development panel application online:

1. Go to the national Council's Web site at <http://www.ncsbn.org>
2. Choose "NCLEX® Examination" from the scroll-down menu on the National Council's home page
3. Click the Section Contents link labeled "Developing the NCLEX® Examination"
4. Click the link labeled "Item Development Application"

If you do not have access to the Web, Please call the National Council's Item Development Hotline at 312/787-6555, Ext. 496, and leave a message with your name, address and phone Number.



Supervision: Who, How & When

Does the Board have a definition of supervision?

Yes, the Board defines supervision and direct supervision. Supervision requires that the supervisor (physician, dentist or RN) is present in the facility. Direct supervision requires that the supervisor (RN or MD) is physically present and accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.

The Alabama Board of Nursing rules for Nursing Graduates require that the NG-RNP/NG-PNP function under the supervision of a currently licensed RN. The Nursing Graduate must have direct supervision when performing complex skills. Nurse Practitioner and Nurse Midwife graduates awaiting certification results must work under the supervision of an approved Certified Registered Nurse Practitioner of the same specialty/CNM® or a licensed physician. The

boards Statement on Suturing, Knot Tying and Subcutaneous Skin Closure with Staples by RNs and LPNs requires direct supervision by the surgeon in the operative setting when the RN/LPN performs these functions.

These rules are published in the Alabama Board of Nursing Administrative Code, §610-X-4-.09 (2)(a)-(b); §610-X-9-.13, §610-X-9-.27, and the Position Statements. This information is available on the Alabama Board of Nursing website, <http://www.abn.state.al.us>, or by contacting the Board office.

HOW TO CONTACT THE BOARD OF NURSING

Alabama Board of Nursing Direct Numbers for Specific Questions:

<u>INFORMATION TYPE</u>	<u>TELEPHONE #</u>
RN AND LPN LICENSURE	
Duplicate License/Address and Name Change	(334)242-4320
Endorsement into Alabama RN & LPN	(334)242-4320
By NCLEX® Examinations – LPN	(334)242-4254
By NCLEX® Examinations – RN	(334)242-4247
License Renewal	(334)242-4278
Verification out of Alabama	(334)242-4320
Telephone Verification Line (RN & LPN)	(334)242-0767
SCHOLARSHIP	
Post-baccalaureate Nursing Education Scholarship	(334)242-4294
COMPLAINTS/INVESTIGATIONS	
Initiating a Complaint	(334)353-5555
Practice & Regulation/Probation Monitoring	(334)242-4322
Practice & Regulation/Reinstatement/Investigations	(334)242-4151
ALABAMA NON-DISCIPLINARY NURSING APPROACH (ANNA)	(334)242-4682
NURSING EDUCATION & PRACTICE	
Advanced Practice (CRNA, CRNP, CNM®, CNS)	(334)353-8553
Continuing Education	(334)242-4273
Nursing Education Programs	(334)242-4296/4295
INFORMATION MANAGEMENT	
Copies of Nursing Laws, Regulations, etc.	(334)242-4060
Labels and Rosters	(334)242-4060

FAX: (334)242-4360

Nursing Practice Opinions

As stipulated in the Alabama Board of Nursing Administrative Code, rule 610-X-6-.04 and 610-X-7-.03, registered nurses and licensed practical nurses may perform functions beyond their basic educational preparation, provided the functions are recognized by the Board as being within the legal scope of nursing practice and the nurse has successfully completed an organized program of study, including clinical practice.

The following position statement on Suturing, Knot Tying and Subcutaneous Skin Closure with Staples by RNs and LPNs was adopted at the January 1999 Board Meeting and Section 4(e) of the statement on Intravenous Therapy by LPNs was amended. As always, the statements are issued to guide your practice.

Suturing, Knot Tying and Subcutaneous Skin Closure with Staples by RNs & LPNs

It is the position of the Board of Nursing that suturing, knot tying and subcutaneous skin closure with staples are within the scope of practice of registered nurses and licensed practical nurses in the operative setting under the direct supervision of the surgeon in accordance with the following guideline:

Successful completion of an organized program of study which includes didactic classroom instruction and clinical learning activities. The program of study should follow the format for instruction for these skills as defined in the core curriculum for the Registered Nurse First Assistant published by the AORN.

Intravenous Therapy by Licensed Practical Nurses

It is the position of the Board of Nursing that it is within the scope of practice of licensed practical nurses to perform intravenous therapy as ordered, under the direction of a physician, dentist, or registered nurse according to the following guidelines:

1. Successful completion of an organized program of study which includes didactic classroom instruction followed by a period of supervised clinical practice.
2. Consideration of the individual LPN's education, experience and patient care setting in delegating specific peripheral/central intravenous therapy activities.
3. Administration of hyperalimentation agents via peripheral catheters to be performed only by licensed practical nurses who have successfully completed an intravenous therapy course and have had advanced educational preparation in parenteral nutrition. Hyperalimentation solutions must be checked by a RN prior to administration by a LPN.
4. Management of central venous infusions by LPNs to be limited to:
 - a. Monitoring the flow rate,
 - b. Altering the flow rate in accordance with additional limitations that the LPN have two (2) years experience in initiating peripheral IV therapy and the setting is limited to an acute care facility with RN supervision. (Supervision is defined as "The RN being present in the facility")
 - c. Site care,
 - d. Dressing changes,
 - e. Connecting fluids/ "piggybacks" to an existing central venous infusion line, adding of a medication dose to an administration device such as a Soluset or Bu-

retrol, and administering medications prepared by a pharmacist via syringe pump in accordance with other stipulations in this statement.

- f. Flushing central venous ports in accordance with additional limitations that the LPN have two (2) years experience in initiating peripheral IV therapy and the setting is limited to an acute care facility with RN supervision.
5. Heparin lock flush to be performed only by licensed practical nurses who have successfully completed an Intravenous therapy course and abide by the following:
 - a. Documented physician's orders authorizing utilization of a heparin lock.
 - b. Administration of a pre-mixed heparin lock flush solution (or agency approved flush solution) only. Administration usually at least every 8 hours to keep the vein open, but not to exceed 1000 U Heparin per day.
6. The following procedures are not considered by the Board to be within the scope of LPN practice:
 - a. Initiation of intravenous therapy in the neonate
 - b. Administration of blood and blood components, plasma volume expanders, solutions requiring titration and fibrinolytic/thrombolytic agents.
 - c. Direct intravenous administration of medications (IV "push")
 - d. Addition of medications to intravenous solutions with the exception of adding a dose to an administration device such as a soluset or Bu-retrol.

Identifying the Chemically Dependent Nurse

To wait for an individual who is chemically dependent to ask for help, is like waiting for an individual who is unconscious after a myocardial infarction to ask for help".

... Delores Morgan and
Vernon Johnson

The Alabama Board of Nursing *Administrative Code* (610-X-6-.03 13) states that the registered nurse shall report unsafe nursing practice or practice conditions to appropriate authorities. It is a mandatory requirement to report nursing practice that is affected by impairment from drugs or alcohol.

Although chemical dependency is a disease and diseases are not moral or ethical issues, the behavior which accompanies addiction is an ethical issue. If a nurse is unable to make appropriate decisions due to chemical impairment, it is the duty of coworkers and supervisors to confront the facts with the appropriate individual (s) in order to protect the patients. Education is a primary force in recognizing a nurse who is using chemicals to the extent nursing practice is affected. The following are indicators and should be observed as a pattern of behaviors:

Behavioral Signs

- * Tends to give more medications, always uses maximal amount;
- * Volunteers to give medications;
- * Exhibits an increased level of waste and breakage;
- * Shows strong interest in patient's pain control, the narcotic cabinet and use of pain-control medications;
- * Requests to work evenings, nights or weekends (shifts where there is less activity and supervision);
- * Exhibits increased anxiety, mood swings, inappropriate anger or crying;
- * Demonstrates problems interacting with peers and supervisors;
- * Exhibits forgetfulness or memory lapses;
- * Makes frequent trips to the bathroom or other unexplained, brief absences;
- * Disappearance into the restroom immediately after accessing narcotic cabinet;
- * Exhibits social avoidance of staff- e. g., eats alone;

- * Demonstrates absenteeism, tardiness, and increased use of sick leave;
- * Gives elaborate or inadequate excuses for tardiness or absence, including long lunch hours or use of sick leave immediately after days off;
- * Demonstrates difficulty meeting schedules and deadlines;
- * Documents with illogical charting;
- * Makes charting errors;
- * Shows deteriorating handwriting;
- * Comments regarding marital, economic, health, employment or other problems;
- * Complains of frequent illness, minor accidents and emergencies;
- * Comments on the "recreational" use of drugs.

Characteristics of the Nurse-Physical Symptoms:

- * Shakiness, tremors of hands;
- * Slurred speech;
- * Watery eyes, dilated or constricted pupils;
- * Diaphoresis;
- * Unsteady gait;
- * Runny nose;
- * Nausea, vomiting, diarrhea;
- * Weight loss or gain;
- * Change in dress-suddenly wears long sleeves of lab coats;
- * Deterioration in grooming and increasing carelessness about person appearance;

Characteristics of the Nurse-Additional Signs and Symptoms:

- * Demonstrates an overall decline in performance, including increased medication errors;
- * Exhibits signs and symptoms of depression;
- * Makes suicide threats and/or attempts (suicide attempts may be caused by accidental overdose);
- * Demonstrates evidence of blackouts;
- * Experiences rapid mood changes from irritation to depression to euphoria;
- * Appears on the unit on days off;
- * Requests assignment that facilitates access to drugs.

Narcotic Discrepancies Involving Suspect Nurse

Nurse is consistently/frequently involved in:

- * incorrect narcotic counts;
- * apparent alteration of narcotics vials;
- * patient reports of pain medication ineff-

fectiveness;

- * discrepancy between patient reports and hospital records of pain medication (e.g., patient reports he takes pain medication only during the day, records indicate nighttime administration as well);
- * discrepancies in physician's orders, progress notes, and narcotic records;
- * large amounts of narcotics wasted;
- * numerous corrections on narcotics records;
- * erratic patterns of narcotic discrepancies (may correlate with addicted nurse's work schedule); and
- * significant variation on quantity of drugs required on a unit.

If you recognize a pattern of these behaviors in a colleague the problem areas should be discussed with the appropriate nursing manager. Also, the nurse can be referred to the Board's alternate to discipline program, ANNA. For information call (334) 242-4682 or (334) 242-4787.

Addiction in the Nursing Profession September 17, 1999

Hill University Center Great Hall
1400 University Boulevard
Birmingham, Alabama

8:00 am - 3:00 pm

For Information contact

Mary Kay Burnette at (205) 975-4882

Registration 7:30 am Lunch On Your Own

Co-sponsored by UAB Center for Psychiatric Medicine Addiction Recovery Programs Nursing Staff Development, Div. of Continuing Nursing Education, and UAB School of Nursing.

Continuing Education Credit-The Division of Continuing Nursing Education of UAB is approved as a provider of continuing education by the Alabama Board of Nursing and the Alabama State Nurses' Association (ASNA). The ASNA is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation (except CA, FL, & IA). The Alabama Board of Nursing Provider Number is ABNP0055. (7.2 contact hours have been applied for)

CHANGE OF ADDRESS NOTICE
MOVING? BE SURE TO NOTIFY THE BOARD OFFICE

Alabama Board of Nursing Administrative Code, Rule 610-X-4-.12, requires all licensees to keep the Board informed of their current mailing address. The form below has been prepared to assist licensees in keeping us informed of address changes. If you change your address please complete and clip out the form and return it to:

Alabama Board of Nursing, P.O. Box 303900, Montgomery, AL 36130-3900

PLEASE PRINT OR TYPE ALL INFORMATION

License Number _____ Social Security Number _____

Name of Licensee _____

Old Address _____ New Address _____

County _____ Telephone Number _____

ALABAMA BOARD OF NURSING
State of Alabama
Montgomery, AL 36130-3900